Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

AUS 920030472US

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                     |              |                                           |              |                |              |                  |        | SMALL ENTITY TYPE             |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------|--------------|----------------|--------------|------------------|--------|-------------------------------|------------------------|---------|-------------------------------|------------------------|--|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                       |              |                                           | 22           |                |              |                  |        | RATE                          | FEE                    |         | RATE                          | FEE                    |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                |              |                                           | NUMBER FILED |                | NUMB         | ER EXTRA         |        | BASIC FEE                     | 375.00                 | OR      | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                            |              |                                           | 22 minus 20= |                | * 7          |                  |        | X\$ 9=                        |                        | OR      | X\$18 <b>≈</b>                | 36                     |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                 |              |                                           | 3 minus 3 =  |                | *            |                  |        | X42=                          |                        | OR      | X84=                          |                        |  |
| MU                                                                                                                                                                                                                                                                                                                                                                 | LTIPLE DEPEN | DENT CLAIM P                              | RESENT       |                |              |                  |        | +140=                         |                        | OR      | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                                                                           |              |                                           |              |                | "0" in c     | olumn 2          | ;      | TOTAL                         |                        | OR      | TOTAL                         | F86                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                        |              |                                           |              |                |              |                  |        | OTHER SMALL ENTITY OR SMALL E |                        |         |                               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              | (Column 1)                                |              | (Colur<br>HIGH |              | (Column 3)       |        | SMALL                         |                        | OR      | SMALL                         |                        |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                        |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |        | RATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total        | *                                         | Minus        | **             |              | =                |        | X\$ 9=                        | -                      | OR      | X\$18=                        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent  | *                                         | Minus        | ***            |              | =                |        | X42=                          |                        | OR      | X84=                          |                        |  |
| L                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | PENDEN         | CLAIM        |                  |        | +140=                         |                        | OR      | +280=                         |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              |                                           |              |                |              |                  |        | TOTAL                         |                        | OR      | TOTAL                         |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              | ADDIT. FEE                                |              | 011            | ADDIT. FEE.  |                  |        |                               |                        |         |                               |                        |  |
| _                                                                                                                                                                                                                                                                                                                                                                  |              | (Column 1)<br>CLAIMS                      |              | (Colui         |              | (Column 3)       | 1 .    |                               |                        |         |                               |                        |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                        |              | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM            | BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total        | *                                         | Minus        | **             |              | =                |        | X\$ 9=                        |                        | OR      | X\$18=                        |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent  | *                                         | Minus        | ***            | F CL AIA     | ]=               |        | X42=                          |                        | OR      | X84=                          |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESE  | NTATION OF M                              | OLTIPLE DE   | ENDEN          | CLAIM        | <u>L</u>         | ]      | +140=                         | ·                      | OR      | +280=                         |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              |                                           |              |                |              |                  |        | TOTAL<br>ADDIT, FEE           |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              | (Column 1)                                |              | (Colu          | mn 2)        | (Column 3)       | l_     |                               |                        |         |                               |                        |  |
| AMENDMENTC                                                                                                                                                                                                                                                                                                                                                         |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI   |              | PRESENT<br>EXTRA |        | RATE                          | ADDI-<br>TIONAL<br>FEE |         | RATE                          | addi-<br>Tional<br>Fee |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Total        | *                                         | Minus        | **             |              | =                |        | X\$ 9=                        |                        | OR      | X\$18=                        | 7410                   |  |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent  | *                                         | Minus        | ***            |              | <u> -</u>        | 1      | X42=                          |                        | OR      | X84=                          |                        |  |
| Ļ                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE   | PENDEN'        | CLAIN        | <u> </u>         | 1      | +140=                         |                        | OR      | +280=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |              |                                           |              |                |              |                  |        |                               |                        |         |                               |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                    |              | nber Previously Pa                        |              |                |              |                  | er fot | und in the app                | propriate box          | x in co | lumn 1.                       |                        |  |